10/676006

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

59191-000009

		CLAIMS A	(Column 1)		(Column 2)			SMALL ENTITY TYPE				THAN ENTITY
TOTAL CLAIMS			27					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	28 minus 20=		. 8.			X\$ 9=		OR	X\$18=	144
INDEPENDENT CLAIMS			4 m	inus 3 =	• /			X43=		OR	X86=	86
MULTIPLE DEPENDENT CLAIM P			RESENT			D	_	.445				
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=		OR	+290=	290
CLAIMS AS AMENDED - PART II							3	TOTAL		OR	TOTAL	1290
	C	(Column 1)	(Column 2) (Column 3)				_	SMALL	ENTITY	OR	OTHER SMALL	
		CLAIMS	1	HIGH) r		ADDI-			ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	· 28	Minus	- Q	8	. O		X\$ 9=		OR	X\$18=_	
	Independent	+ 4	Minus	<u> </u>	4	- 0		X42€		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
							Ł	TOTAL		OR	TOTAL	
(Column 1) (Column 0) (Column 0)								ODIT. FEE		1 4	ADDIT. FEE	
_		(Column 1) CLAIMS		(Colun		(Column 3)	1 -					
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	0 1 4 11 1	-		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+145=		OR	+290=	
							L	TOTAL		ı	TOTAL	
								DOIT. FEE		OR ,	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	lΓ	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un		
, i i i i i i i i i i i i i i i i i i i										+290=		
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								·	OR ,	TOTAL ODIT. FEE	
		mber Previously Pa ber Previously Paid						ODIT. FEE	opriate box			
											-	